MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I						51			I				
2		I					52			I				
3		I					53			I				
4		I					54	I						
5		I					55	I						
6		I					56			I				
7		I					57			I				
8		I					58			I				
9		I					59							
10		I					60							
11		I					61							
12		I					62							
13		I					63							
14		I					64							
15	I						65							
16		I					66							
17		I					67							
18		I					68							
19	I						69							
20		I					70							
21		I					71							
22		4					72							
23		4					73							
24		4					74							
25		4					75							
26		4					76							
27		4					77							
28		4					78							
29		4					79							
30	I						80							
31	I						81							
32		2					82							
33		2					83							
34		2					84							
35		2					85							
36		2					86							
37		3					87							
38		3					88							
39		3					89							
40		2					90							
41	I						91							
42		I					92							
43		I					93							
44		I					94							
45		I					95							
46		I					96							
47		I					97							
48		I					98							
49		I					99							
50	I						100							
TOTAL IND.	←		←		←		TOTAL IND.	9	←		←		←	
TOTAL DEP.							TOTAL DEP.	82						
TOTAL CLAIMS							TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS